

# PARK COUNTY SHERIFF

<b>PARK COUNTY SHERIFF'S OFFICE</b>		Page 1 21-1173
1402 RIVER VIEW DR CODY, WY 82414 307-527-8700		
<b>NARRATIVE - Body found - Clark fire</b>		

On Monday, November 15th, 2021, the Park County Communication Division (Dispatch) received numerous emergency calls regarding a wild fire in the Line Creek area of Clark, Park County, Wyoming. Deputy Lawler and myself responded to the area at Clark Fire's request to help with evacuations.

In the middle of the evacuations, I talked with Fire Chief Nate Hoffert. He told me that one of his firefighters, William (Jerry) Ruth, was currently searching for his wife, Cynthia Ruth, who was unaccounted for during the evacuation.

On Tuesday, November 16th, 2021, at approximately 0130hrs., Dispatch related information relayed information from fire units that they had found a deceased female in the area of Louis Lamour Lane. Undersheriff Varian accompanied to the scene to attempt to identify the female. He also plotted the location of the body as 44.9708, -109.1921. When he came back to our staging out, he showed Jerry Ruth a picture of a cell phone that was close to the body. He positively identified the phone as belonging to his wife. Undersheriff Varian proceeded with the death notification.

On the same date, at approximately 0230hrs., Undersheriff Varian and I proceeded to the scene. When we arrived at the location, I initially observed a Subaru station wagon "jack-knifed" approximately four hundred (420) yards along the driveway to the buildings on Louis Lamour Lane. This vehicle appeared to have been completely engulfed in flames before we got there because all that was left was the metal body and frame. The inside was still on fire.

From the location of the vehicle, I measured fifty (50) yards east back towards the residence, then fifteen (15) yards south off the driveway, I first observed the bloated remains of a female human body. Since Jerry Ruth had previously identified the cell phone near the body, we reasonably believed that the remains were those of Cynthia Ruth. The body was positioned supine with the head facing west. Both arms and legs were slightly fixed and elevated off the ground. I observed the remnants of clothes on the body. The clothes were mostly burned off or fused to the body. Around the mouth and nose there were char marks indicating smoke and heat damage. There was a ring on the left ring finger (later determined to be two (2) rings fused together).

On the same date, at approximately 0417hrs., Park County Coroner Tim Power and Deputy Coroner Emily Denney arrived. I took Emily Denney and Deputy Lawler to the scene. With the help of them and Undersheriff Varian, we removed the body. The body was transferred to the Park County Coroner's Office at approximately 0443hrs.

Near the body, I located the aforementioned cell phone, as well as the remnants of what we believe was dog training collar remote. I took the rings and cell phone and placed them in evidence to be dealt with at a later date.

Before we left the area, we received information that Cody Fire Department Assistant Fire Chief Nathan Filener was with Jerry Ruth during the time Cynthia Ruth was missing and would be able to assist in the timeline of this investigation.

Prepared By:	Date:	Approved By:	Date:
1108 JOHNSON, PHIL	11/16/2021	1116 HARTMAN, MARK	11/23/2021

**CONFIDENTIAL DOCUMENT. LE SENSITIVE**

Clark Fire  
PCSO 0001

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1402 RIVER VIEW DR CODY, WY 82414 307-527-8700 <b>NARRATIVE - Body found - Clark fire</b>		

Scene pictures will be placed on a media disc and entered into evidence.

On Saturday, November 20th, 2021, I met with Jerry Ruth on his property. From him, I learned the following:

Jerry Ruth stated that when the Clark fire department was paged, he responded for emergency services while Cindy Ruth was still at home.

On Tuesday, November 16th, 2021, at approximately 0016hrs., he received a voicemail from his wife saying that she was take care of the animals but she didn't know what to do after that.

On the same date, around 0200hrs., he was able to make it back in the area of his residence with the help of other fire personnel. He observed his wife's vehicle in his driveway. At the time, the vehicle was still intact. The rear hatch was open the couple's dogs were inside, along with a pillow that was partially on fire. Jerry Ruth put the fire out and secured his dogs. The firefighters took the dogs back to the staging area while Jerry took a side by side and continued the search. After we had been notified that the body was found, Jerry was back at the staging area.

Before I left, I provided him with the rings and cell phone.

A Death Investigation Worksheet was completed.

STATUS: Closed - Information Only

<b>Prepared By:</b>	<b>Date:</b>	<b>Approved By:</b>	<b>Date:</b>
1108 JOHNSON, PHIL	11/16/2021	1116 HARTMAN, MARK	11/23/2021

**CONFIDENTIAL DOCUMENT. LE SENSITIVE**

Clark Fire  
PCSO 0002

## Reminder:

1. Insure safety of personnel.
2. Secure scene

## PARK COUNTY SHERIFFS OFFICE

1402 River View Dr • Cody, Wyoming 82414 • (307) 527-8700

## DEATH INVESTIGATION WORKSHEET

RIMS CASE REPORT #

21-1173

INCIDENT INFORMATION			
DATE/TIME REPORTED 11/16/21 0201		DATE/TIME OF ARRIVAL 11/16/21 0237	
ADDRESS OF OCCURRENCE Louis Lamour Ln Clark		NAME OF BUSINESS OR TYPE OF PREMISE Residential Property	
OFFICER ENTRANCE MADE BY <input type="checkbox"/> Key <input type="checkbox"/> Cutting Chain <input type="checkbox"/> Forcing Door <input type="checkbox"/> Door Open <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Other (Explain) <i>open field</i>		CONDITION OF OTHER DOORS & WINDOWS <input type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> Locked <input type="checkbox"/> Unlocked <input type="checkbox"/> Glass Broken <input type="checkbox"/> Screen Cut <input type="checkbox"/> Pry Marks <input type="checkbox"/> Other: <i>N/A</i>	
OFFICER ENTRANCE/EXIT INTO CRIME SCENE: <i>out in the open</i>		EXPLAIN:	
SCENE			
TIME SCENE SECURED <input checked="" type="checkbox"/> A.M. 0237 <input type="checkbox"/> P.M.		SCENE SECURED BY: 1108/1102	
(REMEMBER TO START A CRIME SCENE LOG.)			
PRIMARY SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		SECONDARY SCENE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
RELATIONSHIP		REPORTING PERSON	
<input type="checkbox"/> Spouse <input type="checkbox"/> Acquaintance <input type="checkbox"/> Neighbor <input type="checkbox"/> Room Mate <input type="checkbox"/> Passerby <input checked="" type="checkbox"/> Other		NAME <i>Unknown Fire Personnel</i> SEX RACE AGE D.O.B. HOME ADDRESS (City, State) S.S.N. WORK ADDRESS TELEPHONE (HOME) TELEPHONE (WORK) OCCUPATION: DRIVERS LICENSE CELL PHONE	
RELATIONSHIP		PERSON DISCOVERING DEATH	
<input checked="" type="checkbox"/> SAME AS REPORTING PERSON <input type="checkbox"/> Spouse <input type="checkbox"/> Acquaintance <input type="checkbox"/> Neighbor <input type="checkbox"/> Room Mate <input type="checkbox"/> Passerby <input type="checkbox"/> Other		NAME SEX RACE AGE D.O.B. HOME ADDRESS (City, State) S.S.N. WORK ADDRESS TELEPHONE (HOME) TELEPHONE (WORK) OCCUPATION: DRIVERS LICENSE CELL PHONE	
DATE DISCOVERED: 11/16/21 0201		TIME DISCOVERED: <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
ACTION TAKEN BY PERSON DISCOVERING DEATH (touch or move body, etc) <i>no actions</i>			

04/19/2010

Clark Fire  
PCSO 0003



<b>MARITAL STATUS</b>		<b>NAME OF DECEASED</b>					
<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Unknown		NAME <u>Cynthia Shook Ruth</u>		SEX <u>F</u>	RACE <u>W</u>	AGE <u>61</u>	D.O.B. <u>1</u>
		HOME ADDRESS (City, State) <u>Louis Lamm Lane Clark, WY</u>				S.S.N. <u>1</u>	
		WORK ADDRESS <u></u>					
		TELEPHONE (HOME) <u>2200</u>		TELEPHONE (WORK) <u></u>		OCCUPATION: <u></u>	
		DRIVERS LICENSE <u></u>		CELL PHONE <u></u>			
<b>DATE</b> <u>11/15/21</u>		<b>PERSON WHO HAD LAST CONTACT WITH DECEASED</b>					
<b>TIME</b> <u>2200</u>		NAME <u>William Jerry Ruth Jr</u>		SEX <u>M</u>	RACE <u>W</u>	AGE <u>63</u>	D.O.B. <u></u>
<b>AM (PM)</b> <u>AM 1 (PM)</u>		ADDRESS <u>Louis Lamm Lane Clark, WY</u>		S.S.N. <u></u>			
		TELEPHONE (HOME) <u></u>		WORK <u></u>		OCCUPATION <u></u>	
<input checked="" type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail		WORK ADDRESS (City, State) <u></u>		WORK PHONE <u></u>			
<input type="checkbox"/> WITNESS		<input type="checkbox"/> OTHER PERSON CONTACTED		<input type="checkbox"/> MENTIONED		<input type="checkbox"/> SUSPECT	
NAME <u></u>				SEX <u></u>	RACE <u></u>	AGE <u></u>	D.O.B. <u></u>
HOME ADDRESS (City, State) <u></u>				S.S.N. <u></u>			
WORK ADDRESS <u></u>							
TELEPHONE (HOME) <u></u>		TELEPHONE (WORK) <u></u>		OCCUPATION: <u></u>			
DRIVERS LICENSE <u></u>		CELL PHONE <u></u>					
<b>DECEASED FOUND</b>							
<input type="checkbox"/> Inside <input checked="" type="checkbox"/> Outside		DATE/TIME: <u>11/16/21 0201</u>		Address: (If different from above) <u>SAME</u>			
<b>TYPE OF LOCATION</b>		<b>ROOM LOCATION</b>		<b>VEHICLE LOCATION</b>		<b>POSITION OF BODY</b>	
<input type="checkbox"/> Apartment <input type="checkbox"/> House <input type="checkbox"/> Townhouse <input type="checkbox"/> Condo <input checked="" type="checkbox"/> Other: <u>outside property on ground</u>		<input type="checkbox"/> Living Room <input type="checkbox"/> Dining Room <input type="checkbox"/> Kitchen <input type="checkbox"/> Bedroom <input type="checkbox"/> Storage Room <input type="checkbox"/> Bathroom <input type="checkbox"/> Basement <input type="checkbox"/> Attic <input type="checkbox"/> Closet <input type="checkbox"/> Other: <u></u>		<input type="checkbox"/> Front <input type="checkbox"/> Back <input type="checkbox"/> Trunk Other: <u></u> Model: <u></u> Make: <u></u> Color: <u></u> License: <u></u> Registered Owner: <u></u>		<input checked="" type="checkbox"/> On Back <input type="checkbox"/> Face Down <input type="checkbox"/> Sitting <input type="checkbox"/> Hanging <input type="checkbox"/> Side <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Other: <u></u>	
		<b>Room Temperature</b> <u>Unknown</u>					
<b>WEATHER CONDITIONS</b>		<b>LIGHTING CONDITIONS</b>		<b>DATED MATERIAL</b>			
<input type="checkbox"/> Hot <input type="checkbox"/> Humid <input type="checkbox"/> Warm <input checked="" type="checkbox"/> Cool <input type="checkbox"/> Cold		<input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Clear <input checked="" type="checkbox"/> Cloudy <b>Approx. Temp.</b> <u>Unknown</u>		<input type="checkbox"/> Unknown <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Daylight <input checked="" type="checkbox"/> Dark <input type="checkbox"/> Dark (Lighted)		<input type="checkbox"/> Dark (Unlighted) <input type="checkbox"/> Street Light <input type="checkbox"/> Table Lamp <input type="checkbox"/> Other: <u></u>	
				<input type="checkbox"/> Mail <input type="checkbox"/> Newspapers <input type="checkbox"/> TV Guide <input type="checkbox"/> Liquor bottles <input type="checkbox"/> Prescription Bottles <input type="checkbox"/> Other: <u></u>			
				<input type="checkbox"/> E-mail <input type="checkbox"/> Answering Machine			
<b>CONDITION OF SURROUNDINGS</b>		<b>EVIDENCE OF LAST FOOD PREPARATION</b>		<b>PETS</b>			
<input type="checkbox"/> Odor <input type="checkbox"/> Orderly <input type="checkbox"/> Untidy <input type="checkbox"/> Disarray		<input type="checkbox"/> Signs of Struggle <input type="checkbox"/> Decomposition <input type="checkbox"/> Other: <u></u>		Where: <u></u> Type: <u></u>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If so, what type? <u></u>	

<b>RELATIONSHIP</b>		<b>FAMILY / RELATIVE NOTIFIED</b>			
<input checked="" type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Son/Daughter <input type="checkbox"/> Cousin <input type="checkbox"/> In-law <input type="checkbox"/> Other		NAME: <u>William Ruth</u>		SEX:	RACE:
		ADDRESS: <u>Same as person with last contact</u>		AGE:	D.O.B.:
		TELEPHONE (HOME):		WORK:	OCCUPATION:
FAMILY NOTIFIED BY: <u>1102</u>		<input checked="" type="checkbox"/> On Scene <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Coroner <input type="checkbox"/> Other Agency <input type="checkbox"/> Other:			
<b>PERSONAL PHYSICIAN</b>					
NAME:		ADDRESS (City, State):		PHONE:	
DATE LAST SEEN:		WILL PERSONAL DOCTOR SIGN DEATH CERTIFICATE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
HAS VICTIM BEEN ILL OR SUICIDAL? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain:					
IS VICTIM CURRENTLY TAKING MEDICATION? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain:					
<b>IDENTIFICATION OF DECEASED</b>		<b>EVIDENCE OF DRUG USE</b>		<b>DRUG PARAPHERNALIA</b>	
<input checked="" type="checkbox"/> Yes How Accomplished: <u>Husband identified cell phone found next to body</u> <input type="checkbox"/> No How is it to be accomplished:		PRESCRIPTION/NON-PRESCRIPTION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown IF DRUGS ARE PRESENT, COLLECT AS EVIDENCE LIST ALL PRESCRIPTION DRUGS IN REPORT AND THE AMOUNT OF MEDICATION IN EACH BOTTLE.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No TYPE:	
				<b>MEDICAL EQUIPMENT</b>	
				Describe:	
<b>EVIDENCE OF DEVIATE SEXUAL PRACTICES</b>		<b>EVIDENCE OF SUICIDE NOTE</b>		<b>ROBBERY / BURGLARY</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown TYPE:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, where was it located:		CIRCLE ABOVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
(Collect as evidence)		(Collect as evidence)			
<b>CONDITION OF BODY</b>					
<b>CLOTHING</b>	<b>PRESERVATION</b>	<b>RIGOR</b>	<b>COLOR</b>	<b>LIVIDITY</b>	<b>PROPERTY</b>
<input type="checkbox"/> Fully Clothed <input type="checkbox"/> Unclothed <input checked="" type="checkbox"/> Partially Clothed Explain: <u>clothing burned off</u>	<input checked="" type="checkbox"/> Well Preserved <input type="checkbox"/> Decomposed <input type="checkbox"/> Mummified <u>preserved but burned</u>	At time body was removed from scene, was rigor present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Blue <input checked="" type="checkbox"/> Purple <input checked="" type="checkbox"/> Black <input type="checkbox"/> Other	<input type="checkbox"/> Front <input type="checkbox"/> Back <input type="checkbox"/> Localized <u>unknown due to burns</u>	Property should not be removed from body until body is moved to mortuary or autopsy. (Collect as evidence)
<b>BLOOD</b>	<b>LIGATURES</b>	<b>APPARENT WOUNDS</b>	<b>LOCATION</b>	<b>HANGING</b>	
<input checked="" type="checkbox"/> Absent <input type="checkbox"/> Present <input type="checkbox"/> Location:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, collect as evidence.	<input checked="" type="checkbox"/> None <input type="checkbox"/> Gunshot #: <input type="checkbox"/> Stab #: <input type="checkbox"/> Blunt Force #: (To be examined at mortuary or autopsy)	<input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Check <input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremities <input type="checkbox"/> Other:	
<b>WEAPONS PRESENT</b>					
Gun/Make:		Model:		Serial Number:	
				Caliber:	
(Guns seized must be listed as evidence in RIMS)					
Knife (Describe):					
Other (Describe):					
<b>PRONOUNCEMENT</b>					
Doctor's Name:		Office Address:		Phone:	
Pronounced By:		Time: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. Date:		Hospital taken to:	
<b>PARK COUNTY CORONER'S OFFICE</b>					
CORONER: <u>1125 Power / Demey</u>		I.D. Number: <u>1125</u>		Coroner Case Number:	
Date/Time Notification Made to Coroner: <u>11/14/21 0205</u>		Is Coroner Coming to Scene? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Date/Time Coroner Arrived On Scene <u>11/16/21</u> <u>0417</u>		
<b>MORTUARY</b>		
MORTUARY CONTACTED:	DATE:	TIME: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
MORTUARY ARRIVAL:	DATE:	TIME: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
<b>OFFICERS RESPONDING TO SCENE</b>		
NAME	AGENCY	ARRIVAL TIME
1. <u>P. Johnson</u>	<u>Park County Sheriff</u>	<u>0320</u>
2. <u>A. Vovian</u>	<u>Park County Sheriff</u>	<u>0320</u>
EXACT PATH IN TO SCENE BY RESPONDING OFFICER: <u>driveway to open ground</u>		
<b>EMS PERSONNEL</b>		
NAME	AGENCY	EMS #
1.		
2.		
EXACT PATH IN TO SCENE BY RESPONDING EMS PERSONNEL:		
BODY TRANSPORTED FROM SCENE BY: <u>1125</u>		TO: <u>Coroner building</u>
Date: <u>11/16/21</u> <u>0413</u>	Time: <u>0413</u>	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
<b>PHOTOGRAPHS</b>		
<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OUTSIDE	<input type="checkbox"/> CROWD
INITIAL PHOTOGRAPHS TAKEN BY: <u>1108</u>		
<b>NOTATIONS OF SCENE ALTERATIONS</b>		
IS SCENE ALTERED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, explain in detail)		
WAS EVIDENCE REMOVED OR DISTURBED FROM ORIGINAL LOCATION? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
IF YES, EXPLAIN LOCATION AND PURPOSE:		
NOTE: If evidence is disturbed from original location, evidence must be photographed and diagrammed. The purpose of "moving evidence" and "location evidence moved to" must be documented.		
<u>1108</u> Officer's Signature		Date